U.S. PT

UTILITY
PATENT APPLICATION
TRANSMITTAL

		P 0 =
Attorney Docket No.	00862.023419.	9. F
First Named Inventor or Application Identifier		35.
KAZUHIRO SAITO		8/7/
Express Mail Label No.		10

(Only for new nonprovisional applications under 37 CFR 1.53(b))		KAZUHIRO SAITO Φ			<u> </u>	
(Only for new nonprovisional applications of	or new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.			<b>1</b>
APPLICATION ELE! See MPEP chapter 600 concerning utility pat	. ADDR	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Fee Transmittal Form     (Submit an original, and a duplicate for f	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			nputer
2. Applicant claims small entity status See 37 CFR 1.27.	· · · · · · · · · · · · · · · · · · ·			Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Specification Total	l Pages 54		a C	Computer Readable	e Form (CRF)	
4. X Drawing(s) (35 USC 113) Tota	rawing(s) (35 USC 113) Total Sheets 24		b. Specification Sequence Listing on:			
5. X Oath or Declaration Total	X Oath or Declaration Total Pages 1			CD-ROM or CD-R	(2 copies); or	
a. X Newly executed (original	or copy)			•	g identity of above	copies
			ACCOM	PANYING APPLIC	CATION PARTS	
	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)		Assignment Papers (cover sheet & document(s))			
i. <u>DELETION OF</u> Signed Stateme	10.		(b) Statement e is an assignee)	Power of	Attorney	
inventor(s) nam 37 CFR 1.63(d)	ed in the prior application,	see 11.	11. English Translation Document (if applicable)			
l —		12.	Information Disclosure Copies of IDS			
6. Application Data Street. See 37 GFK 1.76			Statement (IDS)/PTO-1449			
	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)			
		16.	16. Other:			
		,				
17 If a CONTINUING APPLICATION, check	c appropriate hoy and su	Ipply the requisite	information			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation  Divisional  Continuation-in-part (CIP) of prior application No/  Prior application information:  Examiner  Group/Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only						
be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below						
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Address						
City	State			Zip Code		<del></del>
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CLAIM	IS (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
<del></del>	TOTAL CLAIMS (37 CFR 1.16(c))	12-20 =	0	X \$ 18.00 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3 =	3	X \$ 86.00 =	\$ 258.00
	MULTIPLE DEPENDENT CLAIMS (if applicable)		CFR 1.16(d))	\$290.00 =	\$
			***	BASIC FEE (37 CFR 1.16(a))	\$ 770.00
			Total of	above Calculations =	\$ 1,028.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$ 1,028.00
	b. A small en	ntity statement is enclose ntity statement was filed in ed. er claimed.		al application and suc	h status is still proper
20.	X A check in the amo	ount of \$1,028.00	to cover the filing for	ee is enclosed.	
21.	X A check in the amo	ount of \$	_ to cover the recordal f	ee is enclosed.	
22.	The Commissioner is hereb No. 06-1205:	y authorized to credit ove	rpayments or charge the	e following fees to Dep	posit Account
	a. X Fees requ	ired under 37 CFR 1.16.			
	b. X Fees requ	ired under 37 CFR 1.17.			
	c. Fees requ	ired under 37 CFR 1.18.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Carl B. Wischhusen, Reg. No. 43,279			
SIGNATURE	Carl A Wischhum			
DATE	January 27, 2004			

Form #125

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